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<b>REVOCATION OF POWER OF ATTORNEY</b>  <b>AND</b> <b>CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/751,121
	Filing Date	Dec. 28, 2000
	First Named Inventor	Abendroth
	Art Unit	3624
	Examiner Name	E. Colbert
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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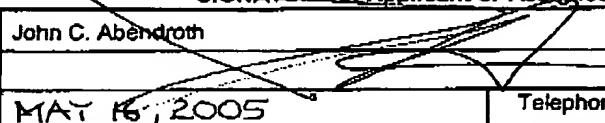
OR

<input checked="" type="checkbox"/> Firm or Individual Name			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Name	John C. Abendroth		
Signature			
Date	MAY 16, 2005	Telephone	(414) 517-3101

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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